Below is a list of the JCIH Risk Indicators for Permanent Early Onset and/or Late Progressive Hearing Loss in Childhood:

- Parent or caregiver concern* regarding hearing, speech, language or developmental delay.

- Family history* of permanent hearing loss.

- Neonatal intensive care of >5 days, which may include extracorporeal membrane oxygenation* (EMCO) assisted ventilation, exposure to ototoxic medications (gentamicin and tobramycin) or loop diuretics (furosemide/lasix), and hyperbilirubinemia requiring exchange transfusion.

- In-utero infections such as cytomegalovirus*, herpes, rubella, syphilis, and toxoplasmosis.

- Craniofacial anomalies, including those involving the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies.

- Physical findings such as white forelock, associated with a syndrome known to include sensorineural or permanent conductive hearing loss.

- Syndromes associated with hearing loss or progressive or late onset hearing loss* such as neurofibromatosis, osteoporosis, and Usher syndrome. Other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson.

- Neurodengenerative disorders* such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome.

- Culture positive postnatal infections associated with sensorineural hearing loss*, including confirmed bacterial and viral (especially herpes and varicells) meningitis.

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- Head trauma, especially basal skull/temporal bone fracture* requiring hospitalization.

- Chemotherapy*.

[*] Risk indicators that are marked with an asterisk are of greater concern for delayed-onset hearing loss.